DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 0 2 0 1	2. STATE: , Texas
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT SECURITY ACT (MEDICAID)	LE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	DNSIDERED AS NEW PLAN (以)	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each ar	mendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: Se	
42 CFR 440.167 Personal Care Services	a. FFY <u>2002</u> \$\$ b. FFY <u>2003</u> \$	-0-
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	
See Attachment	See Attachment	
	XX OTHER, AS SPECIFIED: Sent to Governor's Office thi if any, will be forwarded upo	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:		
Tinda K. Westy	16. RETURN TO:	
13. TYPED NAME: Linda K. Wertz	Linda K. Wertz State Medicaid Director	
14. TITLE: State Medicaid Director	Post Office Box 13247 Austin, Texas 78711	
15. DATE SUBMITTED: March 1, 2002	nastin, lexas 70/11	
FOR REGIONAL O	FICE USE ONLY	
17. DATE RECEIVED: MARCH 6 2002	18 DATE APPROVED: May 16, 200	3 . 45. 5. 6. 6. 6. 1.1.
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2002	ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICE THE COMMENT THE	u p
21. TYPED NAME: CALVEN G. CLINE	22. TITLE: ASSOCIATE REGIONAL DIV OF MEDICALD AN	
23. REMARKS: Attachment to HCFA-179 for Transmitt corrected per Christina Peeples. (05		

Attachment to HCFA-179 for Transmittal No. 02-01, Amendment 620

Number of the Plan Section or Attachment	Number of the Superseded Plan Section or Attachment
Attachment 4.19-B Page 6(f)	Attachment 4.19-B New
Page 35	Same (91-30)
Appendix 1 to Attachment 3.1-A Page 52 Page 52a	Appendix 1 to Attachment 3.1-A Same (97-13) Same (91-33)
Appendix 1 to Attachment 3.1-B Page 52 Page 52a	Appendix 1 to Attachment 3.1-B Same (97-13) Same (91-33)
Appendix C-1 to Supp. 2 to Attach 3.1-A Page 4 Page 5	Appendix C-1 to Supp.2 to Attach. 3-1A Same (92-21) Same (92-21)
Appendix C-2 to Supp.2 to Attach. 3.1-A Page 5 Page 7	Appendix C-2 to Supp.2 to Attach. 3.1-A Same (91-30) New
Appendix E-1 to Supp.2 to Attach. 3.1-A Page 1	Appendix E-1 to Supp.2 to Attach. 3.1-A Same (91-30)

XI. Consumer Directed Services

- (1) Consumer Directed Services (CDS) are made available to eligible clients in the Primary Home Care (PHC) program.
- (2) The sum of the contracted provider payment amount and the payment amount for CDS must not exceed the hourly attendant compensation enhancement participant payment rate made to contracted providers not participating in CDS. The contracted provider payment amount is determined by modeling the estimated costs to carry out the responsibilities of the contracted provider under CDS. The payment amount for CDS is determined by subtracting the contracted provider payment amount from the attendant compensation enhancement participant payment rate made to contracted providers not participating in CDS.
- (3) The contracted provider payment amount is paid to the contracted provider as a percentage of the amount expended and claimed for CDS to the state for reimbursement.
- (4) Clients must expend for CDS an average hourly compensation amount for attendants equal to the calculated attendant compensation rate component of the rate per hour of service for contracted providers not participating in CDS divided by 1.07. Compensation includes salaries and wages, payroll taxes, workers' compensation, employee benefits/insurance, and mileage reimbursement.
- (5) For clients funded under section 1929(b) of the Social Security Act, the hourly payment rate for annual and other assessments conducted by a Registered Nurse (RN) in CDS is determined in accordance with Attachment 4.19-B Page 35.

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- 42. Reimbursement Methodology for Primary Home Care Services Home and Community Care for Functionally Disabled Elderly Individuals §1905 (a) (23)
 - (1) Personal Care Services. Payment for covered services will be determined by the reimbursement methodology for Primary Home Care (personal care) in Attachment 4.19-B Pages 6-6 (f). Costs will be aggregated into one database and the same rate will be used for personal care services under the §1115 waiver referenced in §1929 (b) (2) (B) and will ensure equal treatment of all recipients receiving personal care.
 - Assessments by Registered Nurse. For clients whose personal care is funded under §1929 (b) that participate in consumer directed services (CDS), the hourly payment rate for annual and other assessments conducted by a Registered Nurse (RN) is determined by using historical costs of delivering similar RN services in other Medicaid programs.
 - (A) Allowable historical expenses to provide RN services are projected, excluding depreciation and mortgage interest, per unit of service from each provider agency's reporting period to the next ensuing payment rate period in accordance with VIII, Attachment 4.19-B Page 6 (a).
 - (B) To determine the projected cost per unit of service for each contract, the total projected allowable costs are divided by total units of service in order to calculate the projected cost per unit of service for RN services.
 - (C) Projected allowable costs for RN services per unit of service for each contract and each contract's corresponding units of service are rank ordered from low to high. The weighted median cost component for RN services is multiplied by 1.044 to calculate the recommended payment rate.

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SUPERSEDES: TN- 91-30

24.f Personal Care Services

Subject to the specifications, conditions, and limitations established by the Texas Department of Human Services, payments will be made for Personal Care Services as defined at 42 CFR 440.167 when provided to eligible recipients by providers who are approved by and under contract with the Texas Department of Human Services, or by attendants who are employed directly by the recipient under Consumer Directed Services.

- A. Prior approval to provide services is required in all cases.
- B. Providers of Personal Care Services must meet qualifications established by the **Texas Department of Human Services**.
- C. Services are limited to the lesser of:
 - no more than fifty (50) hours per week per recipient,
 - the number of hours per week per recipient that may be provided within the limit of the cost of the average Medicaid nursing facility rate for recipients whose assessed medical needs can be met by long-term, non-technical medical observation and authorized assistance with the activities of daily living which are necessary because of a chronic medical condition complicated by functional limitations.*
- D. As a condition for payment, Personal Care Services must be the primary need and may not be substituted for services needed to bring about improvement of an acute medical condition.
- E. The range of Personal Care Services to be provided is established by an assessment of the recipient's medical and functional needs. Reassessment of the functional need and authorization for continued Personal Care Services are required at least every twelve months.
- F. A recipient's home is the recipient's full time abode but does not include a hospital, nursing facility, or any other setting in which nursing services or Personal care services are already available or could be made available by family members or sources outside the Personal Care Program. Personal care services may be provided in alternate locations outside the home, but not in locations where personal care services may be already available to the recipient.

Durational, dollar, and quantity limits are waived for recipients of EPSDT services. Services allowable under Medicaid laws and regulations may be covered when medically necessary for these recipients.

SUPERSEDES: TN- 97-13

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24.f Personal Care Services (Continued)

- G. A family member is defined as an individual with a duty under the Texas Family Code, Sections **2.501** and **151.001**, to support the recipient, i.e., spouse for spouse and parent for minor child.
- H. The provider must maintain records and submit reports and other information specified by the **Texas Department of Human Services**.
- Personal care services are supervised by either a registered nurse licensed to practice nursing in the State, or by a non-nurse, as established by the registered nurse assessor for personal care services when provided by an agency under contract with the Texas Department of Human Services to provide personal care services. Personal care services are supervised by the recipient/legal guardian in the Consumer Directed Services component of personal care services.
- J. Consumer Directed Services (CDS) gives the recipient/legal guardian support to be the employer of record for their personal care services. The recipient chooses, directs, and manages their personal care services. To contract for CDS, providers must have an existing contract with the Texas Department of Human Services to provide community care services. CDS providers contract in the recipient's geographic area for the CDS program with the Texas Department of Human Services to provide CDS functions including training and ongoing support on being an employer; handling of employment-related activities, and budgeting for personal care services.

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24.f. Personal Care Services

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- B. Providers of Personal Care Services must meet the qualifications established by the **Texas Department of Human Services**.
- C. Services are limited to the lesser of:
 - no more than fifty (50) hours per week per recipient, or
 - the number of hours per week per recipient that may be provided within the limit of the cost of the average Medicaid nursing facility rate. Services are for recipients whose assessed medical needs can be met by long-term, non-technical medical observation and authorized assistance with the activities of daily living which are necessary because of a chronic medical condition complicated by functional limitations. *
- D. As a condition for payment, Personal Care Services must be the primary need and may not be substituted for services needed to bring about improvement of an acute medical condition.
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* Durational, dollar, and quantity limits are waived	•	
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24.f Personal Care Services (Continued)

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APPENDIX C-1 TO SUPPLEMENT 2 TO ATTACHMENT 3.1-A Page 4

	,	·	persona provider persona	rds for family members who provide al care services differ from those for other rs of this service. The standards for all care services provided by family ers are found in Appendix C-2.
	2.	Persona	I care providers	s will be supervised by:
			a registered nu State	urse, licensed to practice nursing in the
		case ma	anagers	
	nursing nurse as agency. compon	in the S ssessor Persor ent of	tate, or a non- for personal c nal care provid	a registered nurse licensed to practice nurse, as established by the registered care services provided by a contracted lers in the Consumer Directed Services re services are supervised by the
	3.	Minimu	m frequency or i	intensity of supervision:
		as indic	ated in the clien	nt's ICCP
	care se deemed every tv	rvices I necess velve m	provided by a sary by the reci	est every twelve months for personal a contracted agency; or as often as ipient, with a written evaluation at least consumer Directed Services component
	4.		al care service nt's home.	es are limited to those furnished in a
		Yes		_XXX_ No
	5.	Limitati	ons (check one)):
		-		s provided to eligible individuals without the amount or duration of services
	XXX			I impose the following limitations on the is service (specify):
STATE TEXAS	Service	s are lin	nited to the less	er of:
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- the number of hours per week per recipient that may be provided within the limit of the cost of the average Medicaid nursing facility rate. Services are for recipients whose assessed medical needs can be met by long-term, non-technical medical observation and authorized assistance with the activities of daily living which are necessary because of a chronic medical condition complicated by functional limitations.
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d.	Nursing care services provided by or
	under the supervision of a registered nurse. Nursing
	services listed in the ICCP which are within the scope
	of State law, and are provided by a registered
	professional nurse, or licensed practical or vocational
	nurse under the supervision of a registered nurse,
	licensed to practice in the State. Standards for the
	provision of this service are included in Appendix C-2.

Check one:

1. This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

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	The	State	e v	vill	impos	e	the
following	limitations	on	the	prov	ision	of	this
service (s	pecify):			•			

d. PROVIDER REQUIREMENTS SPECIFIC TO EACH SERVICE

In addition to the licensure and certification standards cited in Appendix, the State will impose the following qualifications for the providers of each service –

SERVICE	MINIMUM QUALIFICATIONS OF PROVIDERS
HOMEMAKER	
HOME HEALTH AIDE	
PERSONAL CARE	The attendant must be 18 years of age or older; cannot
	be a: (1) spouse of the client, (2) parent of a client that
Applies to attendants of	is a minor, (3) person with a legal duty to support the
both the personal care	client, (4) person already available to meet the needs
agency and the Consumer	of the client, or (5) person who is not competent,
Directed Services (CDS)	dependable, or capable of performing the work;
recipient/legal guardian.	attendant must be oriented to the services to be
	provided by an RN, or by the recipient/legal
	guardian in CDS, and/or meet other testing or license requirements that the State may require. New hires
	must pass a criminal background check.
	Thust pass a chiminal background check.
ATTENDANT CARE	
NURSING CARE	
RESPITE CARE	
IN HOME	
FACILITY BASED	
FAMILY TRAINING	
ADULT DAY CARE	
DAY TREATMENT / PARTIAL	
HOSPITALIZATION	
PSYCHOSOCIAL	
REHABILITATION	
CLINIC SERVICES	
CHORE SERVICES	
HABILITATION GENERAL	
STANDARDS RESIDENTIAL	
HABILITATION	AND MEMORY CLASTICAL CONTROLS
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SUPERSEDES TN- 91-30

CONSUMER DIRECTED SERVICES

Consumer Directed Services (CDS) gives the recipient/legal guardian support to be the employer of record for their personal care services. The recipient chooses, directs, and manages their personal care services. To contract for CDS, providers must have an existing contract with the Texas Department of Human Services to provide community care services. CDS providers contract in the recipient's geographic area for the CDS program with the Texas Department of Human Services to provide CDS functions including training and ongoing support on being an employer; handling of employment-related activities, and budgeting for personal care services.

SUPERSEDES: NONE - NEW PAGE

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APPENDIX E-1 TO SUPPLEMENT 2 TO ATTACHMENT 3.1-A Page 1

APPENDIX E-1 INDIVIDUAL COMMUNITY CARE PLAN (ICCP)

f.

such individual. (Check one):

XXX

1.

Yes

- a. A written Individual Community Care Plan (ICCP) will be developed for each individual who has been determined, on the basis of a comprehensive functional assessment performed in accordance with Appendix D, to be a functionally disabled elderly individual, according to the criteria set forth in Appendices A and B.
- b. The ICCP will be established and periodically reviewed and revised, by a Qualified Community Care Case Manager after a face-to-face interview with the individual or primary caregiver.
- c. The ICCP will be based on the most recent comprehensive functional assessment of the individual conducted according to Appendix D.
- d. The ICCP will specify, within the amount, duration and scope of service limitations set forth in Appendix C, the home and community care to be provided to such individual under the plan.
- e. The ICCP will indicate the individual's preferences for the types and providers of services.

The ICCP will specify home and community care and other services required by

	1	Yes	2.	XXX	No			
g.	The ICCP will qualifications sp Services where whose providers the home and co	ecified in App the recipient meet the qua	endix (/legal g lification	C-2 [a], unle uardian is t is in Append	ess in Co he employ	onsume yer of	er Direc record,	cted and

h. Neither the ICCP, nor the State shall restrict the specific persons or individuals (who meet the requirements of Appendix C-2) who will provide the home and community care specified in the ICCP.

2.

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